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CORRECTION

Curtis AB, Beck H.

The Subcutaneous Implantable Cardioverter-Defibrillator: When Less Is More

J Am Coll Cardiol 2015;65:1616–8.

In the following sentence, the incorrect value of 4% was given where 0.4% was meant. The correct sentence is as follows. This correction has been made online.

Fortunately, by using the inclusion and/or exclusion criteria in these 2 studies, the future need for system revision to allow transvenous pacing was quite low (0.4%).

The authors apologize for the error.

http://dx.doi.org/10.1016/j.jacc.2015.04.028

CORRECTION

Patel MR, Conte MS, Cutlip DE, Dib N, Geraghty P, Gray W, Hiatt WR, Ho M, Ikeda K, Ikeno F, Jaff MR, Jones WS, Kawahara M, Lookstein RA, Mehran R, Misra S, Norgren L, Olin JW, Povsic TJ, Rosenfield K, Rundback J, Shamoun F, Tcheng J, Tsai TT, Suzuki Y, Vranckx P, Wiechmann BN, White CJ, Yokoi H, Krucoff MW.

Evaluation and Treatment of Patients With Lower Extremity Peripheral Artery Disease: Consensus Definitions From Peripheral Academic Research Consortium (PARC)

J Am Coll Cardiol 2015;65:931–41.

In Table 3 of this paper reference 34 was inadvertently omitted. The corrected table is printed below and has also been corrected online.

TABLE 3 PARC Lesion and Vessel Characteristics and Definitions

Lesion or Vessel	Term	Definition
Significant peripheral artery stenosis*	Mild	<50%
	Moderate	50%-69%
	Severe	70%-99%
	Occluded	100%
Lesion length	Focal	≤1 cm
	Short	>1 and <5 cm
	Intermediate	≥5 and <15 cm
	Long	≥15 cm
Degree of lesion calcification (34,26)	Focal	<180° (1 side of vessel) and less than one-half of the total lesion length
	Mild	<180° and greater than one-half of the total lesion length
	Moderate	≥180° (both sides of vessel at same location) and less than one-half of the total lesion length
	Severe	>180° (both sides of the vessel at the same location) and greater than one-half of the total lesion length

Continued on the next page

TABLE 3 Continued

Lesion or Vessel	Term	Definition
Anatomic level of LE-PAD	Aortoiliac	Aortoiliac (distal limit bottom of pelvic rim in the AP view by angiography or inguinal ligament)
	Femoropopliteal	Femoropopliteal (distal limit is origin of anterior tibial artery)
	Tibialpedal	Tibialpedal (anterior tibial and below including foot arteries)
	Aortoiliac segment	Infrarenal abdominal aorta Common iliac artery Internal iliac artery External iliac artery
	Femoropopliteal	Common femoral artery Profunda femoris artery Superficial femoral artery P1 segment (above knee popliteal artery): from Hunter's canal to proximal edge of patella P2 segment: from the proximal part of patella to center of knee joint space P3 segment (below knee popliteal artery): from the center of knee joint space to origin of anterior tibial artery
	Tibialpedal	Tibial-peroneal trunk (from the origin of the anterior tibial artery to the bifurcation of the posterior tibial and peroneal artery) Anterior tibial artery Posterior tibial artery Peroneal artery Plantar pedal loop pedal vessel PT, DP†‡
Target lesion	Any vascular segment treated or attempted to be treated during the trial procedure with the index device. The target lesion is the treated segment including **10 mm proximal** and **ending 10 mm distal** to the index device or therapy (stent, balloon, or atherectomy catheter).	
TLR	TLR is **any repeat** intervention of the target lesions (**plus** 10 mm proximal and distal to the index device) or surgical bypass of the target vessel performed for restenosis or other complication involving the target lesion. If the target vessel is occluded and bypass is done to another artery below the knee, this should be considered TLR. In the assessment of TLR, angiograms should be assessed by an angiographic core laboratory (if designated) and made available to the clinical endpoints committee for review.	
Target vessel	Any vessel (e.g., noncardiac or nonintracranial) that contains the target lesion treated with the study device. The target vessel includes the target lesion as well as the entire length of native vessel upstream and downstream from the target lesion, including side branches.	
Target limb	Any symptomatic limb that contains the target lesion and all vessels from aortic bifurcation to the foot.	

The majority of the anatomic classifications were adapted from Diehm et al. (7). *Lesion stenoses are clinically based on visual angiographic assessments. For clinical trials, lesion stenosis may be evaluated with core-laboratory QCA. †PARC recommends continued efforts to encourage documentation of pedal anatomy in relevant patients. ‡It is desirable to obtain selective tibial imaging evaluating the vascular supply to tissue at risk with categorization of pedal/arcuate vessels in patients with tissue loss.

DP = dorsalis pedis artery; PT = posterior tibial artery; QCA = quantitative coronary angiography; TLR = target lesion revascularization; other abbreviations as in Table 2.

The authors apologize for this error.

http://dx.doi.org/10.1016/j.jacc.2015.04.049

NOTICE

Retraction notice to "Can Grayscale IVUS Detect Necrotic Core-Rich Plaque?" [J Am Coll Cardiol 2014;64:2435-6]

Erling Falk, MD

From the University of Copenhagen, Copenhagen, Denmark

This article has been retracted: please see Elsevier Policy on Article Withdrawal (http://www.elsevier.com/locate/withdrawalpolicy).

This article has been retracted at the request of the Editor-in-Chief. We cannot confirm the identity of this author after an inquiry from a reader. We contacted the author directly but did not receive a response.

http://dx.doi.org/10.1016/j.jacc

http://dx.doi.org/10.1016/j.jacc.2015.05.003